HEALTH MANAGEMENT ASSOCIATES

HMA Weekly Roundup

Trends in State Health Policy

March 6, 2019

RFP CALENDAR
HMA News

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IN FOCUS

MINNESOTA RELEASES MEDICAID MANAGED CARE RFPS

This week, our *In Focus* reviews requests for proposals (RFPs) for Minnesota's Medicaid managed care programs: 1. Families and Children Medical Assistance and MinnesotaCare; 2. Minnesota Senior Care Plus (MSC+)/Minnesota Senior Health Options (MSHO). The two RFPs were released by the Minnesota Department of Human Services on February 25, 2019, with implementation scheduled to begin on January 1, 2020 for all programs.

Families and Children Medical Assistance and MinnesotaCare

Minnesota's Medical Assistance program provides Medicaid services for low income individuals, while MinnesotaCare provides health care services to individuals at 138 percent to 200 percent of the federal poverty level, funded by a provider tax, Basic Health Program funding, and enrollee premiums/cost sharing. The Families and Children Medical Assistance and MinnesotaCare RFP will provide services in 80 Minnesota counties, excluding seven metro areas: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. A separate procurement will be released for these counties at a later date. For Families and Children, the state will choose at least two managed care organizations (MCOs) to provide services in counties identified as metro areas - Chisago, Olmsted, Rice, Sherburne, Stearns and Wright. The State will determine the number of MCOs in the remaining counties. For MinnesotaCare, at least two MCOs will be selected for all 80 counties in the RFP. HMA estimates that the contracts are worth approximately $2.1 billion.

Eligibility

The following individuals will be eligible for services:

- Medical Assistance/Pregnant women
- Medical Assistance/Children under 21
- Medical Assistance/Adults with children
- Medical Assistance/Adults without children
- MinnesotaCare enrollees

Additionally, adults who are seriously and persistently mentally ill (SPMI) and eligible to receive Medical Assistance-covered mental health targeted case management services; children who are severely emotionally disturbed (SED) and eligible to receive Medical Assistance-covered mental health targeted case management services; and children receiving Medical Assistance through adoption assistance can voluntarily enroll.

Projected Enrollment

Minnesota predicts that when the new contracts start in January 2020, 588,590 will be eligible for Families and Children and 67,722 will be eligible for MinnesotaCare.

Projected Managed Care Monthly Enrollment			
Month	MA Families with Kids	MA Adults No Kids	MinnesotaCare
January 2020	588,590	173,657	67,722
February 2020	589,295	173,076	76,443
March 2020	591,244	172,936	83,864
April 2020	592,268	173,854	89,440
May 2020	592,938	173,678	90,916
June 2020	592,750	173,709	93,481
July 2020	592,274	174,200	93,714
August 2020	593,099	173,734	95,264
September 2020	592,507	174,106	97,077
October 2020	592,714	174,843	97,243
November 2020	591,978	174,608	98,351
December 2020	591,048	174,825	98,894
Source: Minnesota DHS. Based on a November 2018 Forecast			

Senior Health Options and Senior Care Plus

Minnesota's Senior Health Options program provides Medicare-Medical Assistance (Medicare and Medicaid) integrated care to dually eligible individuals, while the Minnesota Senior Care Plus program provides Medical Assistance health care and long-term care services. The RFP applies to all 87 counties. Plans that provide MSHO will also be required to provide MSC+ in the same county. HMA estimates that the contracts are worth $2.4 billion.

Eligibility

The following individuals are eligible for MSHO:

- 65 years of age or older
- Eligible for Medical Assistance and Medicare Parts A and B
- Eligible to enroll in MSC+ (unless they are eligible for MSHO, but are not required to enroll in MSC+ due to a Spenddown)

The following individuals are eligible for MSC+:

- 65 years of age or older
- Eligible for Medical Assistance without a medical spenddown
- The following populations may also be eligible:
  - Nursing Facility and Community Residents
  - Hospice
  - End Stage Renal Disease (ESRD)

Adults aged 65 or older who have serious and persistent mental illness (SPMI) and who are eligible to receive Medical Assistance mental health targeted case management services can voluntarily enroll in MSHO and MSC+.

Projected Enrollment

Minnesota projects that the managed care enrollment for people ages 65 and older will be 54,947 when the new contracts start in January 2020.

Projected Managed Care Monthly Enrollment	
Month	Managed Care Enrollment for Age 65 and Older
January 2020	54,947
February 2020	54,848
March 2020	55,162
April 2020	55,376
May 2020	55,618
June 2020	55,635
July 2020	55,686
August 2020	55,994
September 2020	56,133
October 2020	56,455
November 2020	56,371
December 2020	56,427

Source: Minnesota DHS. Based on a November 2018 Forecast

Evaluation

Plans will be evaluated in three phases. In Phase I, the Required Statements will be scored on a pass/fail basis. If any statement fails, the plan will not move on to Phase II. In Phase II, the Technical Requirements are evaluated. Components will be scored and then multiplied by a point factor rating. MA Families and Children/MinnesotaCare plans must receive a total score of 50 or higher to move to Phase III. MSHO/MSC+ plans must score 75 or more to move on.

Phase I: Required Statements	
Required Statement	**Total Possible Points**
Appendix A – Responder Information and Declarations	P/F
Appendix B – Exception to Terms and Conditions	P/F
Appendix C – Affidavit of Noncollusion	P/F
Appendix D – Trade Secret Data Notice	P/F
Appendix E – Documentation Establish Fiscal Responsibility	P/F
Appendix F – Disclosure of Funding Form	P/F
Appendix G – Disclosure of Ownership and Management Information	P/F
Appendix H – Professional Responsibility Disclosure	P/F
Appendix I – Human Rights Compliance • State of Minnesota Workforce Certificate Information • State of Minnesota Equal Pay Certificate Form	P/F
Appendix J – Certification Regarding Lobbying	P/F

Phase II: Evaluation of Technical Requirements	
Component	**Total Possible Points**
Executive Summary	P/F
Description of the Applicant Organization	P/F
Service Delivery Plan	P/F
Required Statements (Families & Children/MinnesotaCare only)	P/F
State Assurances	P/F
Component	**Total Possible Points**
Data Privacy	5 points
County Questions	20 points
State Questions	25 points
Quality Management	25 points
Health Care Reform (Families & Children/MinnesotaCare only)	10 points
Care Model Description (MSHO/MSC+ only)	15
Families & Children/MinnesotaCare Provider Network Adequacy • MDH Review • County Review	 • 10 points • 5 points
MSHO/MSC+ Provider Network Adequacy	10 points
Exceptions to Terms and Conditions	Possible Reduction of 5 points
Component Rating	**Point Factor**
Excellent	1
Very Good	0.75
Good	0.5
Fair	0.25
Poor	0

In Phase III, the state will select the successful responders. The evaluation team will review the scoring in making its recommendations, as well as other factors including:

- Can serve most or all of the counties in the geographic area
- Ability to accept all enrollment for the county
- Completeness of the response and ability to meet all requirements contained in this RFP, which includes providing all health care services and tasks required in the current model contract
- Number of potential responders and availability of providers in the responder's service areas
- Access to, and availability of covered services that meets community needs, such as public health goals
- Consideration of transitions of members between programs

RFP Timeline

Contracts for both procurements are expected to run from January 1, 2020, through December 31, 2020, with up to five optional years. Proposals are due May 17, 2019, and awards will be announced July 19, 2019.

RFP Activity	Date
RFP Issued	February 25, 2019
Proposals Due	May 17, 2019
Awards	July 19, 2019
Implementation	January 1, 2020

Current Market

As of February 2019, Minnesota had approximately 906,000 Medicaid managed care members. The MA Families and Children program had 564,334, MinnesotaCare 65,579, Senior Health Options 39,051, and Senior Care Plus 16,967. Blue Plus has the largest market share for Families and Children/MinnesotaCare, while UCare Minnesota had the largest market share for Minnesota Senior Health Options/Senior Care Plus.

Minnesota Medicaid Managed Care by Plan, February 2019

Plan	MA Families, Children	MinnesotaCare	Senior Health Options	Senior Care Plus
Blue Plus/BCBS-MN	231,318	23,964	8,608	3,244
HealthPartners	95,999	15,546	3,146	2,457
Itasca Medical Care	5,015	507	442	216
Medica	0	0	10,694	4,041
Hennepin Health	7,002	1,191	0	0
PrimeWest Health	26,266	2,337	1,934	858
South Country Health Alliance	24,231	2,421	1,823	840
UCare Minnesota	174,503	19,613	12,404	5,311
Total	**564,334**	**65,579**	**39,051**	**16,967**

Link to Families and Children and MinnesotaCare RFP

Link to MSHO and MSC+ RFP

HMA Medicaid Roundup

Arkansas

Providers Ask Judge to Further Delay Transition to Medicaid Managed Care. *KUAR* reported on February 27, 2019, that the Arkansas Residential Assisted Living Association filed a lawsuit to delay the state's transition to provider-led Medicaid managed care. The lawsuit, filed in state court, argues that the Arkansas Department of Human Services has failed to ensure that the new Provider-led Arkansas Shared Savings Entities (PASSE) model is ready for full implementation. The rollout of PASSE has already been delayed from January 1, 2019, to March 1. Read More

California

Community Leaders to Pursue Ballot Initiative for Two-Plan Medicaid System in Ventura. *The Ventura County Star* reported on February 27, 2019, that community leaders in Ventura County, CA, hope to place an initiative on the March 2020 county ballot to implement a two-plan Medicaid managed care system in place of the county-organized system currently administered by publicly-funded Gold Coast Health Plan. Clinicas del Camino Real, the League of United Latin American Citizens, and other groups support the ballot initiative. Read More

Florida

Senate Committee Votes to Permanently Shorten Retroactive Medicaid Eligibility to 30 Days. *The Miami Herald* reported on March 4, 2019, that the Florida Senate Health Policy committee advanced legislation that would permanently reduce retroactive Medicaid eligibility from 90 to 30 days. The change would impact about 11,500 individuals. The measure must pass two more committees before it can be taken up by the full Senate. Read More

Iowa

Senate Subcommittee Advances Medicaid Work Requirements Bill. *KTIV.com/Associated Press* reported on March 5, 2019, that an Iowa Senate subcommittee has cleared a Medicaid work requirements bill. The bill, which could affect about 60,000 beneficiaries, would require beneficiaries to participate in work or volunteer programs at least 20 hours a week to maintain coverage. Read More

Iowa to Kick Off Medicaid Managed Care Open Enrollment Period. *The Gazette* reported on March 4, 2019, that Iowa will kick off a Medicaid managed care open enrollment period on March 11, now that the state has added a third health plan option. The state selected Centene subsidiary Iowa Total Care to join Amerigroup Iowa and UnitedHealthcare of the River Valley as Medicaid managed care options for more than 600,000 individuals. Open enrollment will run until June 18. The state's Children Health Insurance Program, Hawk-i, will initiate a similar open enrollment period this summer. Read More

Illinois

Lawmakers Introduce Medicaid Managed Care Reform Legislation. *The Chicago Sun Times/Capitol News Illinois* reported on March 5, 2019, that Illinois lawmakers introduced legislation that would require Medicaid managed care organizations (MCOs) to expedite payments to safety net hospitals and to update provider rosters weekly to prevent improper claims denials. The legislation, sponsored by Senate Majority Leader Kimberly Lightford (D-Maywood) and State Representative Camille Lilly (D-Chicago), would also require MCOs to prepare follow-up care management plans for members following hospital discharge. Read More

Kentucky

Kentucky Medicaid Plan Passport Health Makes Cuts to Avoid Bankruptcy. *WDRB* reported on March 1, 2019, that Kentucky Medicaid managed care organization Passport Health Plan has made what the company called "severe cost-cutting measures" to avoid insolvency. Cuts include reduced provider payments, not filling vacant jobs, and a structured arrangement with Evolent Health, which employs hundreds of people who work for Passport through a 2016 partnership. Passport is no longer asking a judge to immediately reverse the reimbursement cuts the state implemented last year. Read More

Louisiana

Louisiana Receives Responses from 3 Drug Makers to Medicaid, Inmate Hepatitis C Treatment Proposal. *The Advocate* reported on March 1, 2019, that the Louisiana Department of Health has received responses from three pharmaceutical companies to provide an unlimited amount of hepatitis C medication to Medicaid members and inmates for a flat rate over five years. The three drug makers are AbbVie, Gilead's Asegua Therapeutics, and Merck. Awards are expected to be announced in April, with implementation to begin July 1. Read More

Missouri

Legislation Would Help Released Inmates Reactivate Medicaid Coverage. *The St. Louis Post-Dispatch* reported on March 4, 2019, that legislation introduced in the Missouri House and Senate would make it easier for released inmates to reactivate Medicaid coverage. Instead of terminating Medicaid coverage for offenders in correctional facilities, which is the current state policy, the new legislation would follow the practice of many other states by simply suspending coverage. Representative Lane Roberts (R-Joplin) and Senator Lincoln Hough (R-Springfield) introduced bills in the House and Senate respectively. Read More

Medicaid Expansion Could Pay for Itself, Report Says. *The St. Louis Public Radio* reported on February 28. 2019, that Medicaid expansion in Missouri could pay for itself because new and existing populations would be eligible for higher federal matching funds following expansion, according to a report from the Washington University Center on Health Economics and Policy. Missouri currently receives a 65 percent federal match and spends nearly $4 billion annually on Medicaid, including coverage of children, pregnant women, individuals with disabilities, and some seniors. Expansion would add nearly 200,000 newly eligible members. Read More

New York

HMA Roundup – Denise Soffel (Email Denise)

New York Hospitals, Providers Protest Proposed Medicaid Cuts. *The Watertown Daily Times* reported on March 6, 2019, that thousands of New York health care providers protested proposed Medicaid budget cuts of $567 million in fiscal 2020 and $1.3 billion over two years. Nursing homes alone would face cuts of more than $400 million in fiscal 2020 and more than $800 million over two years. Hospitals say they will be forced to cut jobs if the budget proposal is approved. Read More

New York Managed Long-Term Care Plan Closing. New York's Independence Care System (ICS) will be shutting its managed long-term care (MLTC) plan on March 31, 2019. Its 5,600 members have been informed and given the choice of transferring to VNS Choice or selecting another MLTC plan. If they make no choice, they will be automatically transferred to VNS Choice, which currently has 13,000 enrollees.

If a consumer switches to a plan other than VNS they will be given a 120-day transition grace period, during which they will continue to receive their current services from current providers with no changes in number of hours or types of services for a period of 120 days. If they switch to VNS Choice that transition grace period is extended to one year – VNS Choice must maintain current level of services from current providers. VNS is not receiving any financial incentives for enrolling the ICS patients.

ICS has established a Medicaid Health Home so it can continue to provide care management services to many of its current members. For now, participation in the Health Home is limited to current ICS members who choose to move to VNS Choice. Read More

Department of Health Posts Enhanced Managed Long-Term Care Plan Directory. The New York Department of Health has updated and enhanced the Managed Long-Term Care (MLTC) plan directory that is posted on its website. The directory includes information about the 50 MLTC plans currently operating in New York, and includes links to member handbooks, provider directories and drug formularies. It also includes links to information about ownership and control of the plans, although the information is incomplete. The directory can be found here.

Ohio

Ohio Has Backlog of 88,000 Medicaid Applications. *The Columbus Dispatch* reported on March 4, 2019, that Ohio has a backlog of 88,000 Medicaid applications, down from nearly 110,000 in 2018. Under federal guidelines, Medicaid applications and renewals must be processed within 45 days (90 days for disability applications). Nearly two-thirds of Ohio Medicaid applications have been pending for 45 days or longer. Read More

Medicaid Expansion Patients Could Face Co-Pays, Premiums. *Cleveland.com* reported on February 28, 2019, that Ohio Senators are proposing a new bill that would require Medicaid expansion enrollees to pay both premiums and co-pays for select medical services. The bill is titled Senate Bill 60 and would be the herald of a program called the "Medicaid Personal Responsibility Initiative." The bill thus far has no amount set for co-pays or premiums, an omission that sponsor Senator David Burke (R-Marysville) says is purposeful and "meant to start a conversation." He also stated the co-pays would be nominal and that premiums would be set on a sliding scale representative of a person's income. Read More

Healthcare Transparency Law Blocked by Judge. *The Dayton Daily News* reported on February 28, 2019, that a permanent injunction against an Ohio health care price transparency law has been granted. The move is supported by health care groups such as the Ohio Hospital Association, which stated the law would slow down patient care and be difficult to implement. The law was passed in 2016 as part of a larger budget bill but was never put into effect due to the Ohio Hospital Association and other health care industry groups lawsuit that included a temporary restraining order. Other health care price transparency bills have been examined in the past. Read More

Ohio Saved $4.4 Billion Using Medicaid Managed Care, OAHP Report Says. *WOUB Digital/Statehouse News Bureau* reported on February 28, 2019, Medicaid managed care plans in Ohio saved the state approximately $4.4 billion over two years, compared to what the Medicaid program would have cost under fee-for-service, according to a report prepared by actuarial firm Wakely for the Ohio Association of Health Plans. The report also outlines how managed care can increase accountability and improve care quality and affordability. Read More

Telehealth Connecting Patients with Doctors. *The Business Journal Daily* reported on February 27, 2019, that Ohio hospitals are employing telehealth to meet their patients where they are. Dr. James Kravec, chief clinical officer for Mercy Health Youngstown acknowledges that patients don't want to go to a doctor's office and wait and that, "In 2019, we have to meet people where they are." The Ohio Hospital Association director of health economics and policy, Aly DeAngelo also notes the impact of telehealth on pediatrics, saying online appointments reduce missed school time and disruptions. Read More

Oregon

Legislature Approves Medicaid Funding Package. On February 28, 2019, the Oregon legislature passed a $465 million funding package for the state's Medicaid program. The measure, which is expected to be signed by Governor Kate Brown, is designed to provide much of the required program funding for the next six years and includes increases in the state's premium tax and hospital assessment. A tobacco tax increase and a proposal to tax employers with workers on Medicaid is still pending. Read More

Pennsylvania

Attorney General Countersued by UPMC in UPMC-Highmark Dispute. *TRIB Live* reported on February 21, 2019, that the University of Pittsburgh Medical Center (UPMC) has countersued the Pennsylvania Attorney General (AG) in response to the AG's lawsuit requesting the court to modify a five-year consent decree that governs UPMC's dealings with Highmark. The requested modification would, among other things, require UPMC hospitals and doctors to accept Highmark patients "in perpetuity." As it stands, the state-brokered consent decree between UPMC and Highmark expires June 30, 2019 which means Highmark-insured patients will become out-of-network at most UPMC hospitals on July 1, 2019. UPMC claims Pennsylvania's attempt to compel the health system to work with rival Highmark after a state-brokered agreement expires is an overstep of authority. Read More

Texas

Advocates, Lawmakers Call for Medicaid Expansion Ballot Measure. *The Houston Chronicle* reported on March 4, 2019, that more than two dozen health advocacy organizations led a rally at the Texas Capitol calling for a Medicaid expansion ballot measure. Senator Nathan Johnson (D-Dallas) and Representatives Celia Israel (D-Austin) have filed legislation supporting a Medicaid expansion ballot initiative. John Bucy (D-Austin) and Ron Reynolds (D-Missouri City) also filed accompanying Medicaid expansion legislation. Nearly 1.2 million individuals in Texas would be eligible for Medicaid expansion, according to the Kaiser Family Foundation. Read More

Utah

House Approves Medicaid Billing for In-School Mental Health Services. *Deseret News* reported on February 27, 2019, that the Utah House passed legislation that allows certain mental health services provided in Utah public schools to be billed to Medicaid. In addition, health plans cannot deny mental health claims solely because the services were provided in schools. Read More

Wisconsin

Governor Includes Full Medicaid Expansion in Fiscal 2020 Budget Proposal. *The Wisconsin State Journal* reported on March 1, 2019, that Wisconsin Governor Tony Evers has included full Medicaid expansion in the state's fiscal 2020 budget proposal. Wisconsin, which partially expanded to childless adults at 100 percent of poverty, would cover an additional 82,000 individuals under a full expansion. The budget projects $320 million in savings from full expansion because of an increase in federal matching funds. Read More

National

CMS to Overhaul Anti-Kickback Law to Boost Physician Participation in Value-Based Programs. *Modern Healthcare* reported on March 4, 2019, that the Centers for Medicare & Medicaid Services (CMS) will overhaul anti-kickback regulations to boost physician participation in value-based contracting arrangements, with the new rules expected later this year, according to Administrator Seema Verma. The announcement, which Verma made at a Federation of American Hospitals conference, comes after CMS received comments from more than 300 hospitals and providers on how the rules could be changed. Read More

Rural Nursing Home Closures Limit Access to Care for Seniors. *The New York Times* reported on March 4, 2019, that rural nursing home closures are impacting access to care for seniors, forcing many to leave local communities for facilities far from their families. An estimated 440 rural nursing homes have closed or merged in the last decade, according to Cowles Research Group, many because of financial reasons. Thirty-six nursing homes have closed in the last decade for failing to meet health and safety standards. Read More

Planned Parenthood Files Lawsuit Over Federal Funding Rule Changes. *The Hill* reported on March 5, 2019, that Planned Parenthood and the American Medical Association have filed a lawsuit to block new regulations that could cut off federal funding to Title X family planning clinics that refer women for abortions or share space with abortion providers. Twenty-two states are also suing the administration to block the changes. Read More

CMS Fines Lowest Number of Medicare Advantage Plans in Four Years. *Modern Healthcare* reported on March 1, 2019, that the Centers for Medicare & Medicaid (CMS) imposed fines on five Medicare Advantage (MA) insurers for violating Medicare Part C and Part D requirements, the lowest number in four years. CMS, which audited 39 insurers for 2018, can fine a health plan if it delays or denies access to covered prescription drugs or services, increasing a beneficiaries out-of-pocket cost. The five plans paid $204,900 in fines for 2018, compared to $2.5 million in 2017, $6.9 million in 2016, and $8.4 million in 2015. Read More

Medicare to Reduce Payments to 800 Hospitals Over Safety Issues. *Modern Healthcare* reported on March 1, 2019, that Medicare will reduce payments to 800 hospitals by one percent for discharges in the 12 months ending September 2019 because of high rates of patient injuries and infections. The penalties will be applied when hospitals submit Medicare claims for reimbursement. Of the total, 110 hospitals are being penalized for the fifth straight time. Hospitals are measured on their ability prevent the infections, blood clots, sepsis, bedsores, hip fractures and other complications, with facilities scoring in the lowest quartile each year getting penalized. Read More

Medicare Advantage Plans Could Feel Squeeze If Health Insurance Tax Takes Effect. *Modern Healthcare* reported on February 28, 2019, that Medicare Advantage plans could get squeezed if the health insurance tax takes effect as scheduled in 2020. While House lawmakers have proposed further suspension of the tax through 2021, senior congressional staffer say a delay is unlikely. The return of the tax could increase premiums over 2 percent annually, with the biggest increase in Medicare Advantage, according to a study by Oliver Wyman Actuarial Consulting. Read More

CMS Seeks Feedback on Further Potential Changes to Hospital Star Rating System. *Modern Healthcare* reported on February 28, 2019, that the Centers for Medicare & Medicaid Services (CMS) relaunched its hospital quality star rating website and immediately began seeking public comments on how to further improve the service. The service has been on a 15-month hiatus as CMS addressed hospital concerns over the accuracy of the ratings. One suggested change, for example, is to compare hospitals within a peer group. The public comment period will end March 29. Read More

HHS Secretary Proposes Use of ACA Subsidies to Fund HSAs. *Modern Healthcare* reported on February 27, 2019, that Alex Azar, Secretary of the U.S Department of Health and Human Services (HHS), is touting the idea of using Affordable Care Act subsidies to fund health savings accounts. Individuals could use the HSA funds to pay insurance premiums and out-of-pocket costs. Azar, who made the remarks to the National Association of Health Underwriters, also said HHS is exploring the idea of allow high-deductible health plans with HSAs to cover preventive services such as free insulin. Read More

Senate Bill Seeks 100 Percent Federal Match for New Medicaid Expansion States. *Modern Healthcare* reported on February 27, 2019, that Senate Democrats want to fund the entire cost of Medicaid expansion for three years for newly expanding states. The States Achieve Medicaid Expansion Act of 2019 would offer the same federal funding match given to states that expanded in 2014, i.e., 100 percent for the first three years, 95 percent in year four, 94 percent in years five and six, and 90 percent for each year thereafter. Under current law, new expansion states get a 90 percent match. The bill was introduced by Senators Mark Warner (D-VA), Tim Kaine (D-VA), and Doug Jones (D-AL). Read More

MACPAC Meeting Is Scheduled for March 7-8. The Medicaid and CHIP Payment and Access Commission (MACPAC) announced on March 4, 2019, that its next meeting will be held March 7-8. Topics to be discussed are:

- Coverage Grace Period and Rebate Cap
- Therapeutic Foster Care
- Treatment of Third-Party Payment
- Medicaid in Puerto Rico
- State Program Integrity Strategies
- Support Services for Medicaid Beneficiaries with Substance Use Disorders
- Eligibility Groups for HHS Data Book on Medicaid and Substance Use Disorder
- Safe Harbors for Prescription Drug Rebates
- Integrated Care Models. Read More

Industry News

KKR Completes Acquisition of BrightSpring Health Services. Global investment firm KKR announced on March 5, 2019, that it has completed the acquisition of home and community-based health care provider BrightSpring Health Services for $1.32 billion, with an affiliate of Walgreens Boots Alliance, Inc. as a minority investor. BrightSpring merged with KKR portfolio company PharMerica Corp. as part of the transaction. The combined operation now serves more than 300,000 complex patients daily in 47 states, Puerto Rico, and Canada. Read More

BlueMountain Capital Launches Promises Behavioral Health. BlueMountain Capital Management announced on March 5, 2019, the launch of Promises Behavioral Health for the treatment of substance abuse, mental health disorders, sexual addiction, trauma, and eating disorders. The company, with 12 facilities in seven states, is led by chief executive Kirk Kureska and chairman Rob Waggener. BlueMountain and associated investors had previously acquired the assets of Elements Behavioral Health and three additional facilities. Read More

Select Medical Acquires Three Florida Hospitals. *The South Florida Business Journal* reported on March 1, 2019, that a bankruptcy judge approved Pennsylvania-based Select Medical's bid to acquire three Florida hospitals for $63 million. The hospitals are Promise Hospital of Miami, Promise Hospital of Fort Myers, and Promise Hospital of Florida at the Villages. This acquisition adds to Select Medical's list of 96 critical illness recovery hospitals, 26 rehabilitation hospitals, and 1,662 outpatient rehabilitation clinics across the country. Read More

Beth Israel, Lahey Health Complete Merger. *The Boston Business Journal* reported on March 1, 2019, that Beth Israel Deaconess Medical Center and Lahey Health have completed their merger, forming Boston-based Beth Israel Lahey Health. Massachusetts Attorney General Maura Healey approved the merger following a settlement in which the newly formed system will cap price increases at 3.1 percent annually for seven years and participate in Medicaid and the Children's Health Insurance Program (CHIP). Beth Israel Lahey Health includes 10 hospitals, three affiliated hospitals, and more than 30,000 employees. Read More

AmeriHealth Caritas, BAYADA Home Health Care Announce Value-Based Payment Agreement. AmeriHealth Caritas and BAYADA Home Health Care announced on February 28, 2019, that they have entered into a value-based agreement for AmeriHealth Caritas' full-risk members in Delaware and Pennsylvania. The agreement, which is designed to align payer and provider incentives, will also extend to any potential future markets served by both organizations. Read More

RFP Calendar

Date	State/Program	Event	Beneficiaries
2019	Ohio	RFP Release	2,360,000
2019	Hawaii	RFP Release	360,000
April 1, 2019	Idaho Medicaid Plus (Dual) - Bonneville, Bingham, Bannock Counties	Implementation	3,329
April 12, 2019	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Proposals Due	
April 22, 2019	Oregon CCO 2.0	Applications Due	840,000
April 29, 2019	Louisiana	Proposals Due	1,500,000
May 17, 2019	Minnesota MA Families and Children; MinnesotaCare	Proposals Due	679,000
May 17, 2019	Minnesota Senior Health Options; Senior Care Plus	Proposals Due	55,000
Late Spring 2019	Kentucky	RFP Release	1,200,000
June 28, 2019	Texas STAR+PLUS	Contract Start Date	530,000
June 28, 2019	Louisiana	Awards	1,500,000
July 1, 2019	New Hampshire	Implementation	181,380
July 1, 2019	Iowa	Implementation	600,000
July 1, 2019	Mississippi CHIP	Implementation	47,000
July 9, 2019	Oregon CCO 2.0	Awards	840,000
July 19, 2019	Minnesota MA Families and Children; MinnesotaCare	Awards	679,000
July 19, 2019	Minnesota Senior Health Options; Senior Care Plus	Awards	55,000
August 30, 2019	Texas STAR and CHIP	Contract Start Date	3,400,000
Early Fall 2019	Massachusetts One Care (Duals Demo)	Awards	150,000
October 1, 2019	Arizona I/DD Integrated Health Care Choice	Impementation	~30,000
November 1, 2019	North Carolina - Phase 1	Implementation	1,500,000
July 1, 2020	Kentucky	Implementation	1,200,000
January 1, 2020	Louisiana	Implementation	1,500,000
January 1, 2020	Wisconsin MLTC Family Care and Family Care Partnership Select Service Areas in GSR 9, 10, and 13	Implementation	
January 1, 2020	Pennsylvania MLTSS/Duals	Implementation (Remaining Zones)	175,000
January 1, 2020	Hawaii	Implementation	360,000
January 1, 2020	Minnesota MA Families and Children; MinnesotaCare	Implementation	679,000
January 1, 2020	Minnesota Senior Health Options; Senior Care Plus	Implementation	55,000
January 1, 2020	Washington Integrated Managed Care (Remaining Counties)	Implementation for RSAs Opting for 2020 Start	~1,600,000
January 1, 2020	Massachusetts One Care (Duals Demo)	Implementation	150,000
January 1, 2020	Florida Healthy Kids	Implementation	212,500
January 1, 2020	Oregon CCO 2.0	Implementation	840,000
February 1, 2020	North Carolina - Phase 2	Implementation	1,500,000
June 1, 2020	Texas STAR+PLUS	Operational Start Date	530,000
September 1, 2020	Texas STAR and CHIP	Operational Start Date	3,400,000

HMA News

Upcoming Webinars:
March 14, 2019 - The Role of Medicaid Managed Care Plans in Addressing the Opioid Crisis. Register here

New this week on HMA Information Services (HMAIS):

Medicaid Data and Updates:
- California Medicaid Managed Care Enrollment is Down 0.7%, Feb-19 Data
- District of Columbia Medicaid Managed Care Enrollment is Down 3.2%, Oct-18 Data
- Illinois Medicaid Managed Care Enrollment is Down 0.7%, Jan-19 Data
- IA Medicaid Managed Care Enrollment is Flat, Jan-19 Data
- Louisiana Medicaid Managed Care Enrollment is Up 1.5%, Jan-19 Data
- Michigan Medicaid Managed Care Enrollment is Up 0.8%, Feb-19 Data
- Missouri Medicaid Managed Care Enrollment is Down 2.4%, Jan-19 Data
- Montana Medicaid Enrollment Up 2.9%, FY 2017 Data
- New Mexico Medicaid Managed Care Enrollment is Flat, Feb-19 Data
- Ohio Medicaid Managed Care Enrollment is Flat, Jan-19 Data
- West Virginia Medicaid Managed Care Enrollment is Down 1.3%, Mar-19 Data

Public Documents:
Medicaid RFPs, RFIs, and Contracts:
- Alaska Medicaid Managed Care External Quality Review RFP, Mar-19
- Arkansas Expanded Medicaid Evaluation Draft IFB, Feb-19
- Arizona AHCCCS Drug Rebate Program Services RFP, Mar-19
- California Medi-Cal Managed Care RFP/RFA Schedule Expected Update, Mar-19 Opportunity Assessment
- Iowa Analyzing Pharmacy Spread Pricing in Iowa's Medicaid Managed Care Program RFI, Mar-19
- Maryland MDPP and Medicaid DPP Transition RFP, Feb-19
- New Jersey FamilyCare MCO Contracts, 2016-18
- North Carolina Electronic Visit Verification (EVV) RFI, Feb-19
- Ohio Home Care Waiver Program Case Management RFP, Proposals, BAFOs, 2018
- Ohio Medicaid Enterprise System, Provider Network Management RFP, Mar-19
- South Carolina Work Requirement Waiver Application and Public Notice, Mar-19
- Tennessee Third Party Administrator Services Contracts, 2015-22
- Texas Vendor Drug Program Pharmacy Benefit Services RFI, Mar-19
- Virginia Focused Stakeholder Engagement for Medicaid Expansion Efforts RFP, Mar-19

Medicaid Program Reports, Data and Updates:

- MaineCare Ambulance Rate Study, 2017
- Minnesota Medicaid Managed Care Plan Financials, 2017
- Mississippi Medicaid Health Information Technology Plan, Mar-18
- Mississippi Office of Program Integrity and Office of Compliance Medicaid Work Plan, SFY 2019
- Montana Medicaid Expenditures Nearly $1.2 Billion, 2017 Data
- Nebraska Long Term Care Redesign Committee Minutes, Jan-19
- New Jersey Governor's Proposed Budget, FY 2020
- New Mexico Centennial Care 2.0 Waiver Amendment Request, Approved Renewal, and Other Related Documents, Mar-19
- Virginia Medallion 4.0 and CCC Plus Medicaid Operations Analysis, 2017-18
- Virginia Medicaid Expansion Enrollment Dashboard, Feb-19
- Washington Apple Health Upcoming Changes Fact Sheet, 2019-20

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